the number of cases included in his communication are small, his conclusions may be thus formulated: 1. The ribs of lunatics are perfectly healthy in a minority of cases. 2. The majority present some slight degree of change, which consists in a slight thinning of the external layer of compact bone, and slight enlargement of the Haversian canals; but that these changes are in general merely trivial, and to be correlated with the general failure of nutrition so common in insanity, or with the presence of a wasting disease such as phthisis, or with the advent of old age, or it may be with a combination of all of these; these cases possess, therefore, a general, not a local, significance. 3. In a minority of cases, provisionally estimated at ten per cent., clear and precise lesions are found, produced by considerable internal absorption, which renders the bone very porous and brittle, and brings it under the category of the condition known as osteoporosis. The proportion of cases in which this affection occurs being thus considered to be much higher amongst insane than amongst sane individuals, it would appear to have some causal connection with insanity, of the nature of which we are as yet ignorant. In a general way Neumann (Neurologisches Centralblatt, September 15, 1883) has expressed similar opinions.

INSANITY PLEADED AS AN EXCUSE FOR CRIME BY A LUNA-TIC.—Dr. Jas. H. McBride, Superintendent of the Wanwatossa Asylum for the Insane, in his discussion of the mental status of Guiteau (Alienist and Neurologist, Oct., 1883), cites the following case, in which a lunatic pleaded insanity as an excuse for crime: Mrs. Crocker, a well-educated lady who had studied law, a resident of Milwaukee for many years, but latterly a resident of Washington, D. C., because of certain differences between herself and her step-mother, came from Washington to Milwaukee, appointed an interview with that lady at a lawyer's office, and without immediate provocation, shot at the step-mother. At the outset of her trial, she pleaded insanity, claiming that the shooting was done in obedience to a command received at night from her dead father's spirit. She insisted that at the time of the shooting she was insane, exhibited much interest in the trial, and suggested to the attorneys questions to be put to experts. Upon the witness-stand, she claimed that she was insane at the time of the shooting, and underwent a long cross-examination without contradicting her-She was acquitted on the ground of transitory mania, and set at liberty, but was soon after arrested for another offence, and, upon trial, being declared insane, was committed to the Wanwatossa Asylum, where she now is. She was undoubtedly insane at the time of her first crime; the insanity having existed for years previous. She now states that the plea of insanity at the time of the first trial was false, that she did not entertain the delusion mentioned, and only entered that plea to escape punishment. There is no doubt that her statement is true, and that her pretended

delusion that she was influenced to commit the deed through the commands of her father's spirit, was manufactured for the occasion. Such a delusion would harmonize with her other mental symptoms; it is totally unlike those she is known to entertain, and a belief in the communication with spirits is one which she is now, and always has been, prompt to ridicule. She is shrewd and intelligent, but entertains many wild and extravagant ambitions like those of Guiteau, but is intellectually his superior. In this paper Dr. McBride claims that Guiteau presented congenital defect of organization, and to this had been added mental degeneracy.

EARLY SYMPTOMS OF PROGRESSIVE PARESIS.—Dr. W. B. Goldsmith (Archives of Medicine, August, 1883), comes to the following conclusions: 1. That the striking and characteristic group of symptoms ascribed to the disease by Calmeil in 1826, and having greatest prominence in most text-books since, is to be found only exceptionally in the cases of to-day at the time when the diagnosis is most important. 2. That physical and mental symptoms usually appear nearly synchronously, so that the physician has the presence or history of both to aid him when called upon for a diagnosis, and it is probable that most of those who report cases of general paralysis without mental impairment are not sufficiently expert to recognize a moderate degree of dementia. 3. That their observations agree with those of most writers in making defective articulation the most frequent and characteristic early motor symptom. 4. That changes in the pupils and disorders of gait are less frequent and have less value in diagnosis than is usually ascribed to them, and that given pupillary changes are no more frequent in one stage of the disease than in another. 5. That the patellar-tendon reflex is found markedly supra-normal in nearly twenty-five per cent. of general paralytics, and that the presence of this symptom is of strong corroborative value in diagnosis, though its absence has none, and that no peculiar condition of the patellar-tendon reflex can be associated with any given stage of the disease. 6. That hallucination or impaired function of the special senses is very rare as an early symptom; hallucination (auditory) having been noticed first in but one case, and impaired vision but once in a syphilitic case. The diminution in the sense of smell, which Voisin thinks very frequent in the early stages, was not noticed in any of my cases, though it may have been present and escaped attention in some, as slight failure is difficult to recognize. 7. That it is of great importance in the case of a patient showing mental symptoms to inquire carefully for a history of convulsions or loss of consciousness, as these were the first motor symptoms in twenty of my cases. While in a general way correct there is neither any thing new nor very original in these conclu-They do not demarcate between the different types, and Dr. Goldsmith depends in part on the negative evidence of friends, which simply amounts to the statement that they did not notice